



1641

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/062,683 Confirmation No.: 2180
Applicant : Mark Christopher Doyle
Filing Date : 01/31/2002
Title : DISPOSABLE SELF-SHIELDING SYRINGE GUARD
Group Art Unit : 1641
Examiner : Ann Y. Lam
Docket No. : 706737.33 (formerly 263/185)
Customer No. : 34313

RECEIVED

NOV 06 2003

Mail Stop No Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TECH CENTER 1600/2900

RESPONSE/AMENDMENT TRANSMITTAL

Transmitted herewith is a response/amendment in the above-identified application in connection with the Office Action dated October 7, 2003.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

| EXTENSION (months) | FEE FOR SMALL ENTITY | FEE FOR OTHER THAN SMALL ENTITY |
|---------------------------------------|-------------------------|------------------------------------|
| <input type="checkbox"/> one month | \$55.00 | \$110.00 |
| <input type="checkbox"/> two months | \$210.00 | \$420.00 |
| <input type="checkbox"/> three months | \$475.00 | \$950.00 |
| <input type="checkbox"/> four months | \$740.00 | \$1,480.00 |
| <input type="checkbox"/> five months | \$1,005.00 | \$2,010.00 |
| Fee | | \$0.00 |

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Fee-Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: 10/31/2003

Karen L. Johnson
Signature of Person Mailing Document

Applicant : Mark Christopher Doyle
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Applicant hereby submits notice that additional claims are filed with amendment.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$0.00

- A. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

| | | | | | | |
|--|-------|-----------------|--------------------------|---|---|------------------|
| BASIC FILING FEE: | | | | | | \$770.00 |
| Total Claims | 20 | - | 29 | = | 0 | x \$18.00 \$0.00 |
| Independent Claims | 2 | - | 4 | = | 0 | x \$86.00 \$0.00 |
| Multiple Dependent Claims | \$290 | (if applicable) | <input type="checkbox"/> | | | \$0.00 |
| TOTAL OF ABOVE CALCULATIONS | | | | | | \$0.00 |
| Reduction by 1/2 for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input type="checkbox"/> | | | | | | \$0.00 |
| Extension of Time (from above) | | | | | | \$0.00 |
| Assignment -- \$40 (if applicable) <input type="checkbox"/> | | | | | | \$0.00 |
| TOTAL FEES SUBMITTED HERewith | | | | | | \$0.00 |

Respectfully submitted,

ORRICK, HERRINGTON & SUTCLIFFE LLP

Dated: 10/31/03

By: Samuel B. Stone

Samuel B. Stone
Reg. No. 19,297

Orrick, Herrington & Sutcliffe LLP
4 Park Plaza, Suite 1600
Irvine, CA 92614-2558
Tel. 949-852-7790 (direct)
Fax: 949-567-6710
Customer Number: 34313



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LETTER

Sir:

In response to the Restriction Requirement of October 7, 2003, Applicant elects Group I, namely claims 1-20, without traverse.

Respectfully submitted,

ORRICK, HERRINGTON & SUTCLIFFE LLP

Dated: 10/31/03

By: Samuel B. Stone

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Reg. No. 19,297

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